Iowa Behavioral Health Reporting System

837P Companion Guide

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Version 1.4, 6/23/2021

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IOWA Department of PUBLIC HEALTH | **the Health of Iowans**

CONTENTS

INTRODUCTION

INTENDED USE

This is a companion guide to the HIPAA American National Standards Institute (ANSI) Accredited Standards Committee (ASC) X12N Technical Report Type 3 (TR3) implementation Guide, *005010X222: Health Care Claim: Professional (837)*. This guide is intended to supplement the ASC X12 TR3 document.

The ANSI ASC X12 Implementation Guides may be accessed at http://www.wpc-edi.com/.

PURPOSE

This guide is intended to assist contracted providers in implementing transaction standards which meet the Iowa Behavioral Health Reporting System (IBHRS) processing methodology. It provides specific requirements for submitting professional claims (837P) to IBHRS, and it contains information about enrollment, testing, and support.

Testing and provider certification are covered in the IBHRS Onboarding and Transition Plan document.

GETTING STARTED

Contracted providers must have the following items in place prior to submitting 837P transactions:

- An established contractual relationship with IDPH to be reimbursed for provided SUD and/or PG treatment services via the IBHRS 837P process.
- A Business Associate Agreement (BAA) with IDPH.
- Login credentials to the IBHRS training environment.
- The ability to create 837P transactions in accordance with the TR3 Implementation Guide and this companion guide.
- Notification to IDPH that they will submit 837P transactions for reimbursement for provided SUD and/or PG treatment services. The notification must also include:
    - Provider 837P point of contact (name, title, telephone number, and email address).
    - Agreement to complete a testing cycle consisting of three test 837P transactions over a four-week period.
    - Expected submission date of the first test 837P transaction.

ELECTRONIC DATA INTERCHANGE (EDI) TRANSACTIONS

837P PROFESSIONAL CLAIMS

An example 837P is provided in Appendix C.

Instruction Table

Loop	Segment ID	Segment Name	Accepted value(s)	Comments
Interchange Control Header				
	ISA01	Authorization Information Qualifier	00	
	ISA02	Authorization Information		10 spaces
	ISA03	Security Information Qualifier	00	
	ISA04	Security Information		10 spaces
	ISA05	Interchange ID Qualifier	ZZ	Mutually Defined
	ISA06	Interchange Sender ID	5882PNXX	Contract ID (5882PNXX where XX is unique to your contract) Refer to the section "Sender, Receiver, and Payor Names/IDs" for additional instructions.
	ISA07	Interchange ID Qualifier	ZZ	Mutually Defined
	ISA08	Interchange Receiver ID	426004523	IDPH EIN (with no hyphen) Refer to the section "Sender, Receiver, and Payor Names/IDs" for additional instructions.
	ISA09	Interchange Date		YYMMDD
	ISA10	Interchange Time		HHMM
	ISA11	Repetition Separator	^	Carat
	ISA12	Interchange Control Version Number	00501	
	ISA13	Interchange Control Number		ISA13 must match IEA02.
	ISA14	Acknowledgment Requested	0 1	0 = No Acknowledgment Requested 1 = Interchange Acknowledgment Requested
	ISA15	Interchange Usage Indicator	P T	P = Production Data T = Test Data
	ISA16	Component Element Separator	:	
Functional Group Header				
	GS01	Functional Identifier Code	HC	
	GS02	Application Sender's Code	5882PNXX	Contract ID (5882PNXX where XX is unique to your contract) GS02 must match ISA06. Refer to the section "Sender, Receiver, and Payor Names/IDs" for additional instructions.
	GS03	Application Receiver's Code	426004523	IDPH EIN (with no hyphen) GS03 must match ISA08. Refer to the section "Sender, Receiver, and Payor Names/IDs" for additional instructions.

Loop	Segment ID	Segment Name	Accepted value(s)	Comments
	GS04	Date		CCYYMMDD
	GS05	Time		HHMMSS
	GS06	Group Control Number		Assigned number originated and maintained by the sender. GS06 must match GE02
	GS07	Responsible Agency Code	X	Accredited Standards Committee X12
	GS08	Version Identifier Code	005010X222A1	Standards Approved for Publication by ASC X12 Procedures Review Board through October 2003
Transaction Set Header				
	ST01	Transaction Set Identifier	837	Health Care Claim
	ST02	Transaction Set Control Number		ST02 must match SE02
	ST03	Implementation Convention Reference (Implementation Guide Version Name)	005010X222A1	
Beginning of Hierarchical Transaction				
	BHT01	Hierarchical Structure Code	0019	Information Source, Subscriber, Dependent
	BHT02	Transaction Set Purpose Code	00	Original
	BHT03	Reference Identification (Originator Application Transaction Identifier)		
	BHT04	Date		CCMMYYDD
	BHT05	Time		HHMM
	BHT06	Claim or Encounter ID	CH	Chargeable
Loop 1000A Submitter Name				
1000A	NM103	Organization Name (Submitter Name)		Provider agency name
1000A	NM108	Identification Code Qualifier	46	Electronic Transmitter Identification Number (ETIN)
1000A	NM109	Identification Code (Submitter Identifier)	5882PNXX	Contract ID (5882PNXX where XX is unique to your contract) Refer to the section "Sender, Receiver, and Payor Names/IDs" for additional instructions.
1000A	PER01	Contact Function Code	IC	Information Contact PER segment is optional
1000A	PER02	Name (Submitter Contact Name)		PER segment is optional
1000A	PER03	Communication Number Qualifier	EM FX TE	EM = Electronic Mail FX = Facsimile TE = Telephone PER segment is optional
1000A	PER04	Communication Number		PER segment is optional
Loop 1000B Receiver Name				
1000B	NM103	Organization Name (Receiver Name)	IDPH	IDPH

Loop	Segment ID	Segment Name	Accepted value(s)	Comments
				Refer to the section "Sender, Receiver, and Payor Names/IDs" for additional instructions.
1000B	NM108	Identification Code Qualifier	46	Electronic Transmitter Identification Number (ETIN)
1000B	NM109	Receiver Primary Identifier	426004523	IDPH EIN (with no hyphen) Refer to the section "Sender, Receiver, and Payor Names/IDs" for additional instructions.
Loop 2000A Billing Provider Hierarchical Level				
2000A	HL01	Hierarchical ID Number		
2000A	HL03	Hierarchical Level Code	20	Information Source
2000A	HL04	Hierarchical Child Code	1	Additional Subordinate HL Data Segment in This Hierarchical Structure.
Loop 2010AA Billing Provider Name				
2010AA	NM101	Entity Identifier Code	85	Billing Provider
2010AA	NM102	Entity Type Qualifier	2	Non-person entity
2010AA	NM103	Organization Name (Billing Provider Name)		Provider agency name
2010AA	NM108	Identification Code Qualifier	XX	Centers for Medicare and Medicaid Services National Provider Identifier
2010AA	NM109	Identification Code (Billing Provider Identifier)		Provider agency NPI
2010AA	N301	Address Information (Billing Provider Address Line)		
2010AA	N401	City Name (Billing Provider City Name)		
2010AA	N402	State or Province Code (Billing Provider State Code)		
2010AA	N403	Postal Code (Billing Provider ZIP Code)		9-digit ZIP Code
2010AA	REF01	Reference Identification Qualifier	EI	Employer's Identification Number
2010AA	REF02	Reference Identification (Billing Provider Tax Identification Number)		Provider Federal Tax Identification Number/EIN
Loop 2000B Subscriber Hierarchical Level				
2000B	HL01	Hierarchical ID Number		
2000B	HL02	Hierarchical Parent ID Number		
2000B	HL03	Hierarchical Level Code	22	Subscriber
2000B	HL04	Hierarchical Child Code	0	No Subordinate HL Segment in this Hierarchical Structure
2000B	SBR01	Payer Responsibility Sequence Number Code	P	Primary
2000B	SBR02	Individual Relationship Code	18	Self The subscriber is always the patient.
2000B	SBR09	Claim Filing Indicator Code	11	Other Non-Federal Programs
Loop 2010BA Subscriber Name				
2010BA	NM101	Entity Identifier Code	IL	Insured or Subscriber

Loop	Segment ID	Segment Name	Accepted value(s)	Comments
2010BA	NM102	Entity Type Qualifier	1	Person
2010BA	NM103	Name Last (Subscriber Last Name)		Client Last Name
2010BA	NM104	Name First (Subscriber First Name)		Client First Name
2010BA	NM105	Name Middle (Subscriber Middle Name)		Client Middle Name or Initial (Optional)
2010BA	NM105	Name Suffix (Subscriber Name Suffix)		Client Name Suffix (Optional)
2010BA	NM108	Identification Code Qualifier	MI	Member Identification Number
2010BA	NM109	Identification Code (Subscriber Primary Identifier)		Client EUID Refer to the section "Subscriber Number" for additional instructions.
2010BA	N301	Address Information (Subscriber Address Line)		Client Address Line 1
2010BA	N401	City Name (Subscriber City Name)		Client City Name
2010BA	N402	State or Province Code (Subscriber State Code)		Client State Code
2010BA	N403	Postal Code (Subscriber ZIP Code)		Client ZIP Code
2010BA	DMG01	Date Time Period Format Qualifier	D8	Date Expressed in Format CCYYMMDD
2010BA	DMG02	Date Time Period (Subscriber Birth Date)		Client Birth Date CCYYMMDD
2010BA	DMG03	Gender Code (Subscriber Gender Code)	F M U	Client Gender Code F = Female M = Male U = Unknown
Loop 2010BB Payer Name				
2010BB	NM101	Entity Identifier Code	PR	Payer
2010BB	NM102	Entity Type Qualifier	2	Non-Person Entity
2010BB	NM103	Organization Name (Payer Name)	IDPH	IDPH Refer to the section "Sender, Receiver, and Payor Names/IDs" for additional instructions.
2010BB	NM108	Identification Code Qualifier	PI	PI = Payor Identification
2010BB	NM109	Identification Code (Payer Identifier)	426004523	IDPH EIN (with no hyphen) Refer to the section "Sender, Receiver, and Payor Names/IDs" for additional instructions.
Loop 2300 Claim Information				
2300	CLM01	Claim Submitter's Identifier (Patient Control Number)		Must be unique to each claim/encounter. This number is returned in the 835 to identify the claim.
2300	CLM02	Monetary Amount (Total Claim Charge Amount)		
2300	CLM05-1	Facility Code Value (Place of Service Code)		Refer to the section "Place of Service Codes" for additional instructions.

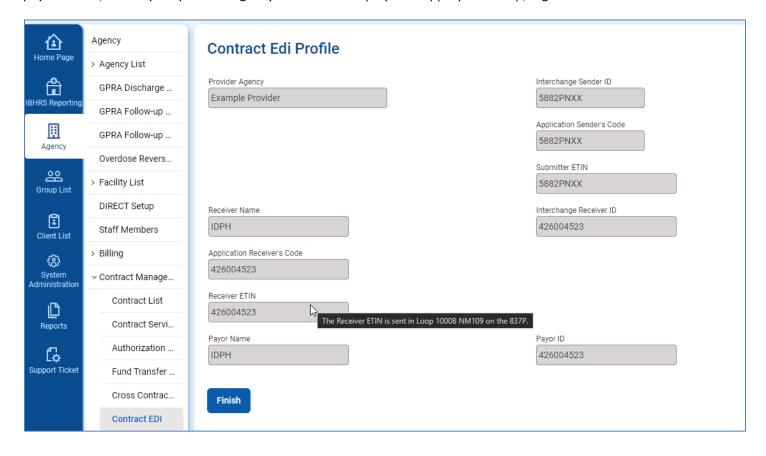| Loop	Segment ID	Segment Name	Accepted value(s)	Comments
2300	CLM05-2	Facility Code Qualifier	B	Place of Service Codes for Professional Services
2300	CLM05-3	Claim Frequency Type Code (Claim Frequency Code)	1 7 8	1 = Original claim 7 = Replacement claim 8 = Void/cancel
2300	CLM06	Yes/No Condition or Response Code (Provider or Supplier Signature Indicator)	N Y	N = No Y = Yes
2300	CLM07	Provider Accept Assignment Code (Assignment or Plan Participation Code)	A	Assigned
2300	CLM08	Yes/No Condition or Response Code (Benefits Assignment Certification Indicator)	Y	Yes
2300	CLM09	Release of Information Code	Y	Yes
2300	REF01	Reference Identification Qualifier	EA	Medical Record Identification Number Required when the Medical Record Number is reported in REF02.
2300	REF02	Reference Identification (Medical Record Number)		Medical Record Number This segment is optional.
2300	HI01-1	Code List Qualifier Code (Diagnosis Type Code)	ABK	ABK = ICD-10-CM Note: Additional diagnoses may be reported in HI02 through HI12 using ABF
2300	HI01-2	Industry Code (Diagnosis Code)		
Loop 2310B Rendering Provider Name				
2310B	NM101	Entity Identifier Code	82	Rendering Provider
2310B	NM102	Entity Type Qualifier	1	Person
2310B	NM103	Name Last or Organization Name		Rendering Provider Last Name
2310B	NM104	Name First		Rendering Provider First Name
2310B	NM108	Identification Code Qualifier	XX	XX = Centers for Medicare and Medicaid Services National Provider Identifier
2310B	NM109	Identification Code (Rendering Provider Identifier)		Rendering Provider NPI If the rendering provider does not have an NPI, then the facility/agency NPI may be used.
Loop 2310C Service Facility Location Name				
2310C	NM101	Entity Identifier Code	77	Service Location
2310C	NM102	Entity Type Qualifier	2	Non-Person Entity
2310C	NM103	Organization Name (Facility Name)		Facility Name
2310C	NM108	Identification Code Qualifier	XX	XX = Centers for Medicare and Medicaid Services National Provider Identifier Required when the NPI is reported in 2310C NM109.
2310C	NM109	Identification Code (Facility Primary Identifier)		Facility NPI This segment is optional.
2310C	N301	Address Information (Facility Address Line)		Facility Address Line 1

Loop	Segment ID	Segment Name	Accepted value(s)	Comments
2310C	N401	City Name (Facility City Name)		Facility City Name
2310C	N402	State or Province Code (Facility State Code)		Facility State Code
2310C	N403	Postal Code (Facility ZIP Code)		Facility ZIP Code
Loop 2400 Service Line Number				
2400	LX01	Assigned Number		
2400	SV101-1	Product/Service ID Qualifier (Product or Service ID Qualifier)	HC	Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes. Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under HC.
2400	SV101-2	Product/Service ID (Procedure Code)		Refer to the section "Procedure Codes and Modifiers" for additional instructions.
2400	SV101-3	Procedure Modifier 1		Refer to the section "Procedure Codes and Modifiers" for additional instructions.
2400	SV101-4	Procedure Modifier 2		Refer to the section "Procedure Codes and Modifiers" for additional instructions.
2400	SV101-5	Procedure Modifier 3		Refer to the section "Procedure Codes and Modifiers" for additional instructions.
2400	SV101-6	Procedure Modifier 4		Refer to the section "Procedure Codes and Modifiers" for additional instructions.
2400	SV102	Monetary Amount (Line Item Charge Amount)		
2400	SV103	Unit or Basis for Measurement Code	UN	Unit
2400	SV104	Quantity (Service Unit Count)		
2400	SV105	Facility Code Value (Place of Service Code)		Required when value is different than value in Loop 2300 CLM05-1. Refer to the section "Place of Service Codes" for additional instructions.
2400	SV107-1	Diagnosis Code Pointer 1		Primary diagnosis for this service line.
2400	SV107-2	Diagnosis Code Pointer 2		Additional diagnosis for this service line.
2400	SV107-3	Diagnosis Code Pointer 3		Additional diagnosis for this service line.
2400	SV107-4	Diagnosis Code Pointer 4		Additional diagnosis for this service line.
2400	DTP01	Date/Time Qualifier	472	Service
2400	DTP02	Date Time Period Format Qualifier	D8 RD8	D8 = Date Expressed in Format CCYYMMDD RD8 = Range of Dates Expressed in Format CCYYMMDDCCYYMMDD
2400	DTP03	Date Time Period (Service Date)		Service date or date range
2400	CN101	Contract Type Code	09	09 = Other
2400	CN104	Reference Identification (Contract Code)		Tracking # for the client's funding source. Refer to the section "Client Funding Source" for additional instructions.

Loop	Segment ID	Segment Name	Accepted value(s)	Comments
2400	REF01	Reference Identification Qualifier	6R	6R = Provider Control Number
2400	REF02	Reference Identification		Line Item Control Number
2400	NTE01	Note Reference Code	ADD	Additional information
2400	NTE02	Description (Line Note Text)		Service Event Source Record Identifier This value uniquely identifies the clinical service event/encounter represented by the 837P claim line and should match one Service Event Source Record Identifier in the data warehouse.
Transaction Set Trailer				
	SE01	Number of Included Segments		Transaction Segment Count Must match the number of segments within the transaction set, including the ST and SE segments
	SE02	Transaction Set Control Number		SE02 must match ST02
Functional Group Trailer				
	GE01	Number of Transaction Sets Included	1	Only 1 transaction set is allowed.
	GE02	Group Control Number		GE02 must match GS06
Interchange Control Trailer				
	IEA01	Number of Included Functional Groups	1	Only 1 functional group is allowed.
	IEA02	Interchange Control Number		IEA02 must match ISA13

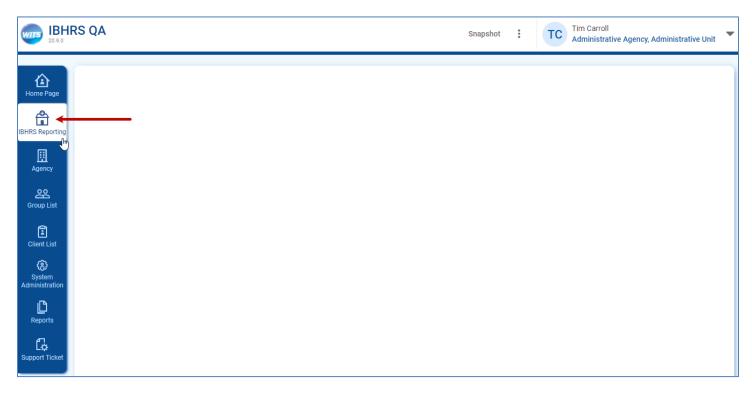## *Sender, Receiver, and Payor Names/IDs*

Navigate to the Contract EDI screen under Agency/Contract Management to view contract-specific sender, receiver, and payor names/IDs for your provider agency. Hover-text displays the appropriate loop/segment as shown below:
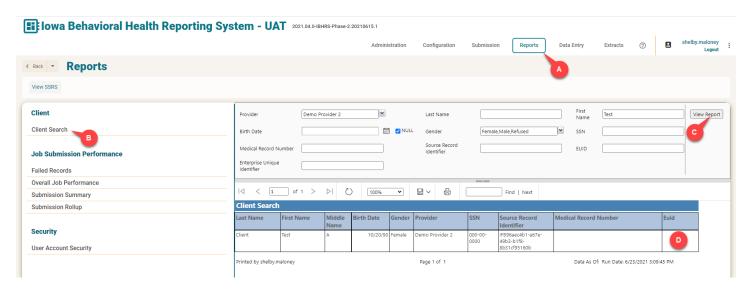
Subscriber Number

Each client has an Enterprise Unique Identifier (EUID). The EUID is used as the subscriber number (2010BA NM109). To find the EUID:

1. Open IBHRS Reporting by selecting the icon.

2. Select the Reports tab in the header **(A)** and Client Search **(B)** under Categories on the left. Enter your search criteria and click View Report **(C)**. The EUID is the last column in the report **(D)**.

Place of Service Codes

The list of accepted place of service codes (CLM05-1) is below

Code	Description
2	Telehealth
11	Office
55	Residential Substance Abuse Treatment Facility
99	Other Unlisted Facility

Procedure Codes

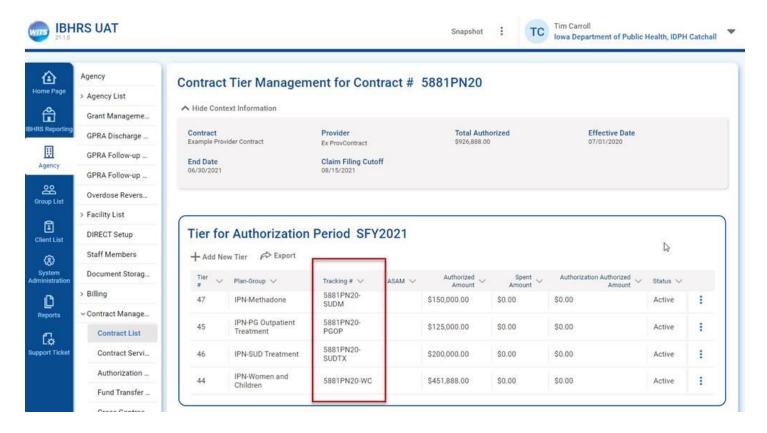The list of accepted procedure codes (SV101-2) is below

Code	Description	Code	Description
90834	Psychotherapy (38-52 min)	H0012	Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient)
90837	Psychotherapy (53+ min)	H0013	Alcohol and/or drug services; acute detoxification (residential addiction program outpatient)
90839	Psychotherapy for Crisis (first 60 min)	H0014	Alcohol and/or drug services; ambulatory detoxification
90846	Family psychotherapy (without the patient present)	H0015	Alcohol and/or drug services; intensive outpatient
90847	Family psychotherapy (conjoint psychotherapy) with patient present	H0017	Level III.7 Substance Abuse Residential Community-based
90863	Pharmacologic Management w/Psychotherapy	H0018	Level III.3 & III.5 Clinically Managed Medium/ High Intensity Residential Treatment Substance Abuse
90899	Unlisted psychiatric service or procedure	IA800	Level III.3 Clinically Managed Medium/ High Intensity Residential Treatment Substance Abuse
9072	Assessment Interview (with medical services)	IA810	Level III.5 Clinically Managed Medium/ High Intensity Residential Treatment Substance Abuse
90791	Assessment Interview (no medical servics)	H0020	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)
90840	Crisis Code add-on (each additional 30 min)	H0035	Substance Abuse partial hospitalization, treatment, less than 24 hours
90849	Multiple-Family group psychotherapy	H0038	Self-help/peer services, per 15 minutes
90880	Hypnotherapy	H0048	Alcohol and/or other drug testing: collection and handling only, specimens other than blood
99202	E/M New Out Patient Visit (20 min)	H0049	SBIRT - Gambling/Alcohol and/or drug screening
99203	E/M New Out Patient Visit (30 min)	H0050	SBIRT - Gambling/Alcohol and/or drug screening, brief intervention, per 15 minutes

Code	Description	Code	Description
99204	E/M New Out Patient Visit (45 min)	H2034	Level III.1 Clinically Managed Low Intensity Residential Treatment (Halfway House) Substance Abuse
99205	E/M New Out Patient Visit (60 min)	IA350	Transportation
99211	E/M Established Out Patient Visit (5 min)	IA400	Community Outreach
99213	E/M Established Out Patient Visit (15 min)	IA410	Engagment
H0001	Alcohol and/or drug assessment	IA420	OWI Assessment
H0003	Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol and/or drugs	IA600	Primary Medical Care
H0004	Behavioral health counseling and therapy, per 15 minutes	IA610	Therapeutic intervention for Children
H0005	Alcohol and/or drug services; group counseling by a clinician	IA620	Childcare -Specialized childcare, waiver; per 15 minutes
H0007	Alcohol and/or drug services; crisis intervention (outpatient)	IA630	Case Management-Alcohol and/or drug services; case management
H0008	Alcohol and/or drug services; sub-acute detoxification (hospital inpatient)	IA700	MAT Medical Care Expense
H0009	Alcohol and/or drug services; acute detoxification (hospital inpatient)	IA710	MAT Medical Evaluation
H0010	Alcohol and/or drug services; sub-acute detoxification (residential addiction program inpatient)	IA720	MAT Medication Expense
H0011	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)	IA900	Family Education Services - Individual/Group

Client Funding Source

Navigate to the Contract List screen under Agency/Contract Management to view contract-specific tracking numbers or each contract tier (CN104)
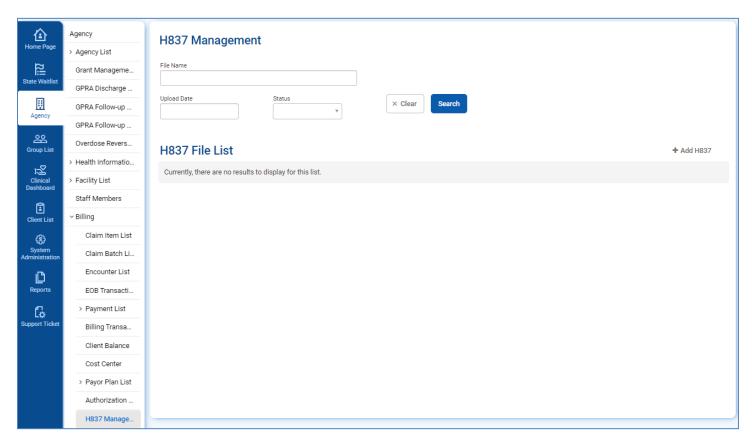

File Naming Requirements

- 837P file names may be any combination of letters, numbers, and the underscore (_). Additional special characters are not allowed.
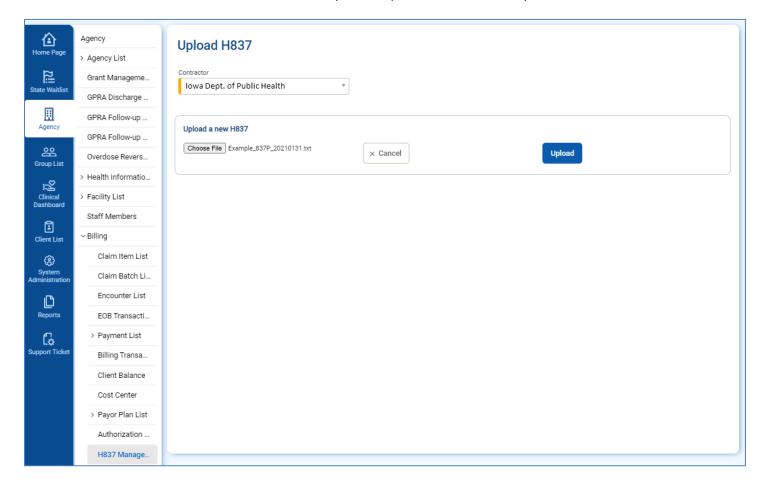- Files must use a .DAT or .TXT extension.
- Each file name must be unique.

Upload Instructions

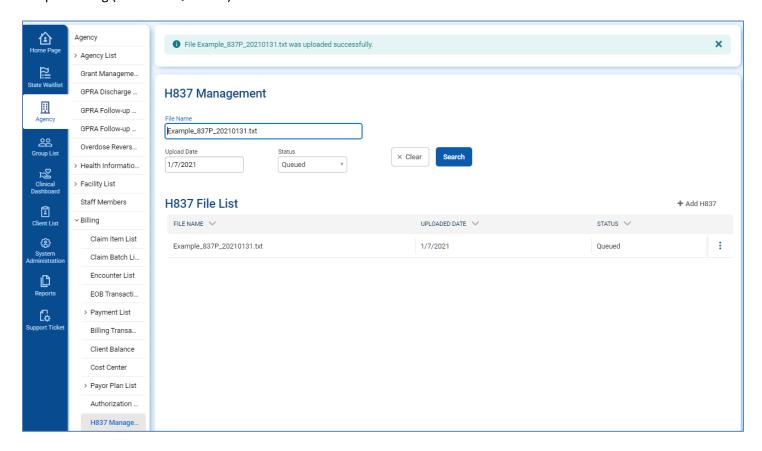837P transactions are uploaded to IBHRS.

1. Navigate to the H837P Management screen under Agency/Billing and select "Add H837" from the list header.

2. Click the "Choose File" button, select the file on your computer, and click the "Upload" button.
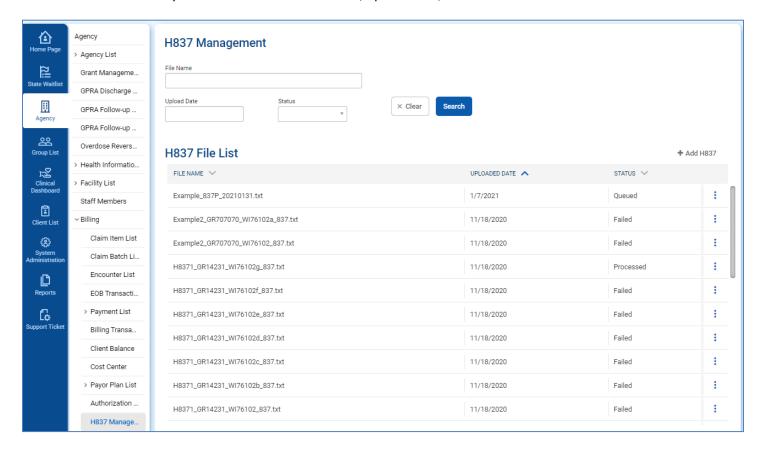
3. If the file is successfully uploaded, an information message is returned at the top of the screen. The file is queued for processing (Status = "Queued").

4. Once processed, the file status changes to "Processed" or "Failed." Failed 837P transactions must be resubmitted by the provider agency.

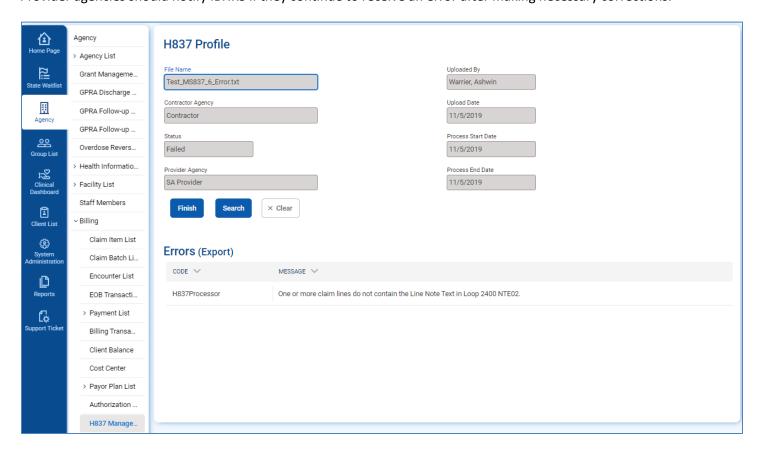   The H837 File List may be filtered based on file name, upload date, and status.

Processed Submissions

Processed 837P transactions will be adjudicated by IBHRS. The adjudication schedule will be posted at on IBHRS Documentation webpage and on the IPN Documents webpage.

Failed Submissions

If the 837P fails during processing, the error messages are displayed on the submission profile. A full list of error messages and resolutions is provided in Appendix D. Failed 837P submissions must be corrected and resubmitted. Provider agencies should notify IBHRS if they continue to receive an error after making necessary corrections.
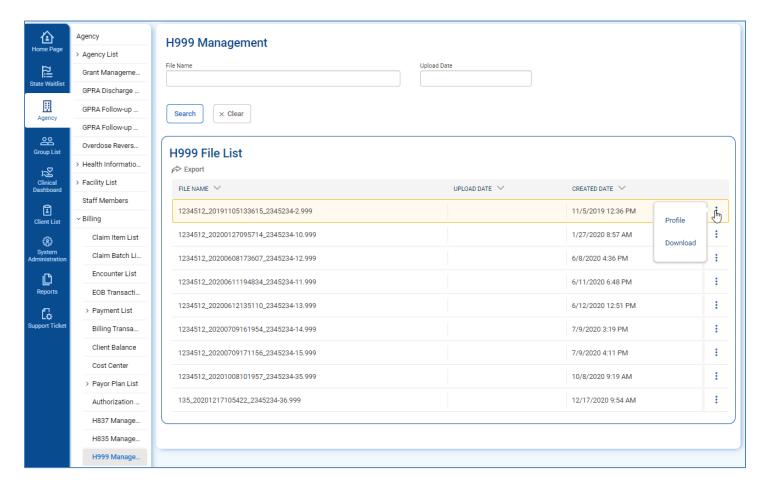
999 ACKNOWLEDGMENT FOR HEALTH CARE INSURANCE

The 999 is returned for all 837P transactions that were successfully processed. Contact IBHRS if a 999 is not available for download within the expected timeframe. You will also receive an email when your file is accepted or rejected.

Navigate to the H999 Management screen under Agency/Billing. The 999 may be downloaded from the list or from the profile.

Note that a 999 is not returned for failed submissions. Refer to the Failed Submissions section for additional information.

Download Instructions

1. Navigate to the H999 Management screen under Agency/Billing.
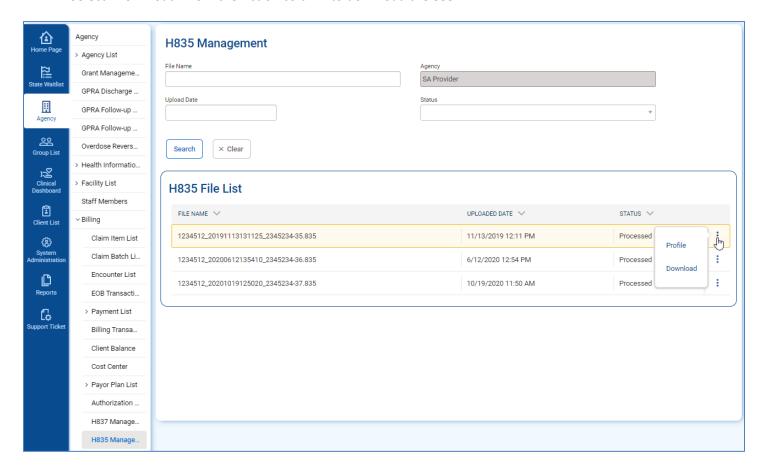2. Select "Download" from the Action column to download the 999.

835 HEALTH CARE CLAIM PAYMENT/ADVICE

The 835 is available for download once claims are adjudicated by IBHRS. Contact IBHRS if an 835 is not available for download within the expected timeframe.

Download Instructions

1. Navigate to the H835 Management screen under Agency/Billing.
2. Select "Download" from the Action column to download the 835.

APPENDICES

APPENDIX A: VERSION CONTROL

Date	Version	Brief Description of Change
12/1/2020	1.1	Initial version
3/23/2021	1.2	Added subscriber number (client EUID) lookup instructions.
4/5/2021	1.3	Added new sections: • Place of Service Codes • Procedure Codes and Modifiers • Client Funding Source Updated incorrect IDPH tax ID Updated Appendices C and D
6/24/2021	1.4	Updated following sections: • Place of Service Codes • Procedure Codes and Modifiers • Client Funding Source

APPENDIX B: TERMS AND ACRONYMS

Acronym/Term	Description
AMA	American Medical Association
ANSI	American National Standards Institute
ASC	Accredited Standards Committee
BAA	Business Associate Agreement
CPT	Current Procedural Terminology
EDI	Electronic Data Interchange
EIN	Employer's Identification Number
ETIN	Electronic Transmitter Identification Number
FFS	Fee For Service
HCPCS	Health Care Financing Administration Common Procedural Coding System
HIPAA	Health Insurance Portability and Accountability Act of 1996
IBHRS	Iowa Behavioral Health Reporting System
MRN	Medical Record Number
PHI	Protected Health Information
TR3	Technical Report Type 3

APPENDIX C: EXAMPLE 837P

```
ISA*00*          *00*            *ZZ*5882PNXX        *ZZ*426004523
*201231*1200*^*00501*201309197*0*T*:~
GS*HC*5882PNXX*426004523*20210401*1200*201309197*X*005010X222A1~
ST*837*000013*005010X222A1~
BHT*0019*00*8899890*20210401*1200*CH~
NM1*41*2*Example Provider*****46*5882PNXX~
PER*IC*Example Contact*TE*6013591288~
NM1*40*2*IDPH*****46*426004523~
HL*1**20*1~
NM1*85*2*Example Provider*****XX*9999999999~
N3*123 45th St~
N4*Des Moines*IA*500470000~
REF*EI*555555555~
HL*2*1*22*0~
SBR*P*18**DMH*****11~
NM1*IL*1*Client*Example***MI*01234567890123456789~
N3*1234 5th St~
N4*Des Moines*IA*50047~
DMG*D8*19950905*F~
NM1*PR*2*IDPH*****PI*426004523~
N3*321 E 12th St~
N4*Des Moines*IA*50047~
CLM*ABC1234*25***11:B:1*Y*A*Y*Y~
REF*EA*A1B2C3D~
HI*ABK:F111*ABF:F10151~
NM1*82*1*Example*Rendering****XX*9999999999~
NM1*77*2*Example Facility*****XX*9999999999~
N3*321 E 12th St~
N4*Des Moines*IA*50047~
LX*1~
SV1*HC:H0007*25*UN*1***1:2~
DTP*472*RD8*20210301-20210301~
CN1*09***88888888~
REF*6R*1234~
NTE*ADD*9999999~
SE*33*000013~
GE*1*201309197~
IEA*1*201309197~
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APPENDIX D: 837P IMPORT ERROR MESSAGES

IBHRS Error Message	Explanation	Action
A connection attempt failed because the connected party did not properly respond after a period of time, or established connection failed because connected host has failed to respond.	The 837P transaction could not be uploaded. The most common cause is a network issue.	The provider agency should verify their network connection and retry.
A Contract Auth Period for Contract ID = # effective on MM/DD/YYYY could not be found.	An agreement authorization period does not exist in WITS for MM/DD/YYYY. Note: The error message will contain the Contract ID instead of "#" and the reported date instead of "MM/DD/YYYY".	IBHRS should verify a contract authorization period exists for the specified date.
ERROR: The Rendering Provider Loop and/or Service Facility Location Loop are missing at both the claim level and service level for claim #.	The Rendering Provider was not reported in Loops 2310B or 2420A OR The Service Facility was not reported in Loops 2310C or 2420C.	The provider agency should include the rendering provider and service facility loops on the 837 and resubmit.
Failed to find segment 'ABC' before end of file.	A required segment "ABC" was not found in the 837P transaction. Note: The error message will contain the expected segment instead of "ABC".	The provider agency should update the 837P transaction to include the specified segment and resubmit.
Illegal value encountered ('#') in segment 'CLM' at element position '5', composite position '3'. Legal value(s): , '1', '7', '8'.	A Claim Frequency Code "#" was reported in Loop 2300 CLM05-3. Accepted values are 1, 7, and 8. Note: The error message will contain the reported value instead of "#".	The provider agency should update the 837P transaction and resubmit.
Illegal value in segment 'GS' at element position '3'. Only legal value is '§' but encountered '#'.	An Application Receiver's Code "#" was reported in GS03. Only code "§" is accepted. Note: The error message will contain the reported value instead of "#" and the accepted value instead of "§".	The provider agency should update the 837P transaction and resubmit.
Illegal/unexpected value encountered ('#') in segment 'ISA' at element position '7'. Legal value(s): , 'ZZ'.	An Interchange ID Qualifier "#" was reported in ISA07. Only "ZZ" is accepted. Note: The error message will contain the reported value instead of "#".	The provider agency should update the 837P transaction and resubmit.
Illegal/unexpected value encountered ('#') in segment 'NM1' at element position '1'. Legal value(s): , '82'.	An Entity Identifier Code "#" was reported in Loop 2310B NM101 or Loop 2420A NM101. Only "82" is accepted.	The provider agency should update the 837P transaction and resubmit.
Illegal/unexpected value encountered ('|') in segment 'ISA'	A Component Element Separator "|" was reported in ISA16. Only ":" is accepted.	The provider agency should update the 837P transaction and resubmit.

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at element position '16'. Legal value(s): , ':'.	Note: The error message will contain the delimiter reported in ISA16.	
Illegal/unexpected value encountered ('1') in segment 'NM1' at element position '2'. Legal value(s): , '2'.	An Entity Type Qualifier "#" was reported in one of the following segments: Loop 2010AA NM102, Loop 2310C NM102, or Loop 2420C NM102. Only "2" is accepted. Note: The error message will contain the reported value instead of "#".	The provider agency should update the 837P transaction and resubmit.
Illegal/unexpected value encountered ('82') in segment 'NM1' at element position '1'. Legal value(s): , '77'.	An Entity Identifier Code "#" was reported in Loop 2310C NM101 or Loop 2420C NM101. Only "77" is accepted.	The provider agency should update the 837P transaction and resubmit.
Illegal/unexpected value encountered (''X") in segment 'NM1' at element position '8'. Legal value(s): , 'XX'.	An Identification Code Qualifier "A" was reported in Loop 2010AA NM108, Loop 2310B NM108, Loop 2310C NM108, Loop 2420A NM108, or Loop 2420C NM108. Only "XX" is accepted. Note: The error message will contain the reported value instead of "X".	The provider agency should update the 837P transaction and resubmit.
Illegal/unexpected value encountered ('X') in segment 'SBR' at element position '9'. Legal value(s): , '11'.	A Claim Filing Indicator Code "X" was reported in Loop 2320 SBR09. Only "11" is accepted. Note: The error message will contain the reported value instead of "X".	The provider agency should update the 837P transaction and resubmit.
Index was outside the bounds of the array.	This error message typically occurs when an incorrect element delimiter is used.	The provider agency should update the 837P transaction and resubmit. If the error persists, IBHRS should notify FEi Production Support.
ISA08 does not match the contractor agency's Interchange Receiver ID.	This error message occurs when there is no match between ISA08 and the Interchange Receiver Number on the contractor agency profile.	The provider should verify the 837 Interchange Receiver Number matches the number on the Contract EDI screen on the Agency/Contract Management menu.
Invalid zipcode ##### in segment N4 at element position 3.	The indicated zip code has the wrong number of digits. Typically, this happens when 9 digits are expected and only 5 are reported. Check all occurrences of N403.	The provider agency should update the 837P transaction and resubmit.
Length cannot be less than zero. Parameter name: length	This error message typically occurs when an incorrect element delimiter is used. The error may occur when the ISA segment delimiter is * rather than the expected |. It may also occur when the	The provider agency should update the 837P transaction and resubmit.

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	837P contains manual line breaks.	
Neither the Service Start Date nor Service End Date can be greater than the transaction set created date.	The reported service date is after the 837P date.	The provider agency should update the 837P transaction and resubmit.
Object reference not set to an instance of an object.	This message is very rare and could indicate a bug.	IBHRS should contact WITS Production Support. This may require developer investigation.
The 837 HIPAA sender and/or receiver data does not find any valid record in uploaded contractor agency.	The sender and/or receiver data cannot be matched to a WITS contract. Verify the following segments match what is shown on the Agreement EDI screen: ISA06, Interchange Sender ID ISA08, Interchange Receiver ID GS02, Application Sender's Code GS03, Application Receiver's Code Loop 1000A NM109, Submitter ETIN Loop 1000B NM109, Receiver ETIN	The provider agency should update the 837P transaction and resubmit.
The 837P cannot be processed because the funding source cannot be identified for one or more claims	The Reference Identification (Contract Code) in CN104 is invalid or missing.	The provider agency should confirm the tracking # with IDPH, update the 837P transaction, and resubmit.
The DateTime represented by the string is not supported in calendar System.Globalization.GregorianCalendar.	An invalid date was reported. This should rarely happen, but if it does, verify that valid dates are submitted in all date fields.	The provider agency should update the 837P transaction and resubmit.
The given key was not present in the dictionary.	This message indicates a code table value is missing or expired.	IBHRS should update code tables as necessary. Once updates are made, the provider agency should resubmit the 837P transaction.
The 'Other Payor' ID code (#) identified in a service line adjudication info does not correspond to any specified 'Other Payor'.	The Other Payer Identification Code reported in Loop 2430 SVD01 does not match the Identification Code in Loop 2330B NM109. Note: The error message will contain the reported value instead of "#".	The provider agency should update the 837P transaction and resubmit.
The Patient Detail loop is Not Supported. Claim Information must fall under the Subscriber.	Loop 2010CA should not be reported.	The provider agency should update the 837P transaction and resubmit.
The Service Start Date cannot be greater than the transaction set created date.	This message should be self-explanatory.	The provider agency should update the 837P transaction and resubmit.
The Total Claim Charge Amount for claim #1, indicated at segment 'CLM' position '2' of $### does not match the total of all service line	The sum of service line charges does not match the claim line monetary amount.	The provider agency should update the 837P transaction and resubmit.

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charges, $###.		
This 837 file is not valid. Multiple Provider loops are present but a valid file may contain only one.	Only one Billing Provider Hierarchical Level, Loop 2000A is accepted.	The provider agency should update the 837P transaction and resubmit.
Timeout expired. The timeout period elapsed prior to completion of the operation or the server is not responding.	The 837P transaction could not be uploaded. The most common cause is a network issue.	The provider agency should verify their network connection and retry.
Unexpected segment 'ABC'. Was expecting 'XYZ'.	This type of error message occurs when segments are reported out of order or an unexpected segment is reported. Note: The error message will contain the reported segments instead of "ABC" and the expected segment instead of "XYZ". Example: Unexpected segment 'NM1'. Was expecting 'N3'.	The provider agency should update the 837P transaction and resubmit.
A connection attempt failed because the connected party did not properly respond after a period of time, or established connection failed because connected host has failed to respond	The 837P transaction could not be uploaded. The most common cause is a network issue.	The provider agency should verify their network connection and retry.
A Contract Auth Period for Contract ID=# effective on MM/DD/YYYY could not be found.	An agreement authorization period does not exist in WITS for MM/DD/YYYY. Note: The error message will contain the Contract ID instead of "#" and the reported date instead of "MM/DD/YYYY".	The State Contractor agency should verify a provider agreement and authorization period exists for the specified date.